

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name City of San Jose		RECEIVED San Jose City Clerk 2016 NOV 10 PM 3:53 R JTC	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) City Manager's Office			
Designated Agency Contact (Name, Title) Norberto Duenas, City Manager		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number (408) 535-8100	E-mail webmaster.manager@sanjoseca.gov	Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 175.00

Event Description: Warriors Community Mix & Mingle Date(s) 10 / 6 / 16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list	22	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Community Mix and Mingle featuring the Math Hoops Program
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.






Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Warriors Community Mixer/Game

October 6, 2016

Last Name	First Name	Qty of Tickets
Liccardo	Sam	1
Peralez	Raul	2
Sykes	Dave	2
Trujillo	Ted	1
Russo	Khanh	2
Howard	Barb	2
Holguin	Ingrid	2
Gonzalez	Dora	1
Healy	Time	1
Shih	Stacey	1
Bhudsabourg	Roseryn	1
Rodriguez	Johanna	1
Moua	Louansee	1
Marcoida	Christine	2
Seagraves	Chelsey	1
Garcia	Diane	1